

FULL APPROVAL FOR TEACHER CONSULTANT

Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.

The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Candidate's Name: Last Name _____ First Name _____ MI _____

 ISD Name: _____ ISD Code #: _____
 LEA Name: _____ LEA Code#: _____
 Program Category: _____ Program Category Code #: _____
 Effective Date: Month _____ Date _____ Year _____

- Yes No** 1. This candidate holds a valid Michigan teaching certificate showing a special education endorsement in the category in which this teacher consultant approval is requested. The special education endorsement must be in one of the following areas: autistic impaired, mentally impaired, emotionally impaired, learning disabled, hearing impaired, visually impaired, and physically and otherwise health impaired. (attach copy)
- Yes No** 2. This candidate has an earned master's degree in education or a field of study related to special education. (attach copy)
- Yes No** 3. This candidate has completed a minimum of three years of satisfactory teaching experience, not less than two years of which shall be in teaching handicapped persons in a special education classroom. (attach copy)
- Yes No** 4. Personnel signatures by the candidate, employer, and ISD.

PERSONNEL SIGNATURES:

_____	_____
Candidate	Date
_____	_____
Employing Superintendent/Designee	Date
_____	_____
ISD Superintendent/Designee	Date

Return To: _____
 (ISD Contact) _____

 Telephone #: _____

cc: Intermediate School District
 School District
 Candidate
 University/College (if applicable)